

Dr. D. Webster, of New York, says,
“ I heartily join you in your protest against
the prescribing of spectacles by opticians. 70
I consider it on a par with counter-pre-

scribing of medicines by apothecaries.
There are a number of peripatetic venders
of spectacles who go about through the
country telling the unwary that they are
students of Dr. C. R. Agnew and personal
friends of his, and that they are endorsed
by him. Some of these men impose upon
the credulity of those who might easily be
better informed, and obtain from them
almost fabulous sums of money for spec-
tacles that are of very little value. . . .
Although I have, as every one who has
much to do with examining eyes and fit-
ting them with glasses must have, seen
cases like those you refer to, where the
eyes have undoubtedly been injured by
wearing absurdly wrong glasses, yet our
cases are not so indexed that I can readily
look up their records; therefore I hope
you will be content with generalization.”

A METHOD FOR
REMOVING A
FOREIGN PARTICLE FROM THE CORNEA.

By C. R. AGNEW, M.D.,

OF NEW YORK.

A. B., a machinist, while "driving home" with a hammer and chisel the packing of a pump, detached a bit of iron, which entered and imbedded itself in his right cornea, a little below its centre. I saw him for the first time on the 22d of the present month,



one year after the occurrence of the accident. Immediately after the occurrence of the accident he sought advice, and had persistent but unsuccessful efforts made to remove the foreign particle. For twelve months the particle of iron lay in the cornea, keeping up a constant irritation. When the case came under my observation, I found that the particle of iron had perforated the cornea, tapped the aqueous chamber, and was resting with one end in the anterior chamber, and the other on a level with the external surface of the cornea. Iritis was rapidly coming on. I soon satisfied myself that any attempt to remove the particle of iron by simple manipulation from without would result in forcing it into the anterior chamber, and lead to loss of the eye by consecutive inflammation.

Accordingly I placed the patient under an anæsthetic, and proceeded to operate for the removal of the particle, as indicated in the diagram. I first held the eyelids apart by means of a spring, or wire speculum, then passed a Beer's knife through the cornea behind the foreign particle, and out again towards the nasal margin of the cornea, so as to present a retentive barrier behind the foreign particle.

An assistant now held the Beer's knife, while I gently dug out the particle from the depths of the corneal ulcer. A few drops of a solution of sulphate of atropine, two grains to the ounce of water, were now dropped upon the eye, and a light compress wet with cold water applied. In two days all traces of the incisions in the cornea had disappeared, and the small ulcer left by the removal of the foreign particle was kindly healing up.

The main points in the case are, that the foreign particle had penetrated and drained the anterior chamber; that it was lying in the corneal wound, and keeping up a violent irritation, threatening destructive inflammation; and so nicely balanced that the slightest effort made to remove it by manipulation from without would have tilted it into the anterior chamber, where it might have been lost, and thus have become the occasion of destructive irido-choroiditis.

The diagram shows the Beer's knife traversing the anterior chamber behind the foreign particle, which is lodged in an isthmus of cornea intervening between the incisions.

